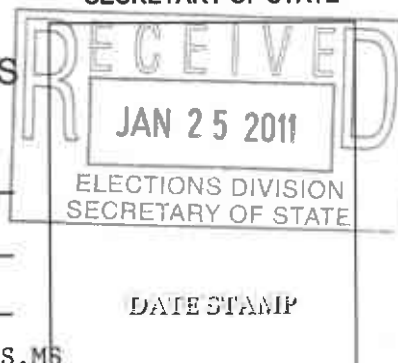


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate WAYNE H. BROWNAddress P. O. BOX 205, LUCEDALE, MS 39452Telephone 601-583-0859 Fax 601-544-0227Contact Name W. H. BROWN Email WHBROWN2MDOT.STATE.US.MSOffice Sought SO. DIST. TRANS. COMM. Political Party DEMOCRAT☐ Check here if above is different from previous report**TYPE OF REPORT**

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$8,207.22\$	\$ 8,207.22	\$ 8,207.22
Total amount of disbursements	\$8,793.74\$ 1,285.03	\$ 10,078.77	\$ 10,078.77
Total amount of cash on hand		\$ 210.68	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Wayne H. Brown
Signature of Candidate

1/24/2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee WAYNE H. BROWN
 Reporting period January 1, 2010 through DECEMBER 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date Mo. Date Year	Amount of each receipt this period
Full Name MALLETTE BROTHERS CONSTRUCTION CO., INC.	3 / 12 / 2010	1,000.00
Mailing Address 3708 HWY. 90	/ /	
City, State, Zip Code GAUTIER, MS 39553	/ /	
Name of Employer (Required)	/ /	
Occupation (Required) PAVING CONTRACTORS	Aggregate year-to-date	1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full Name LAWRENCE W. WARREN	3 / 22 / 2010	3,000.00
Mailing Address P. O. BOX 572	/ /	
City, State, Zip Code HATTIESBURG, MS 39403	/ /	
Name of Employer (Required) WARREN PAVING	/ /	
Occupation (Required) OWNER	Aggregate year-to-date	3,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full Name WARREN PAVING	3 / 22 / 2010	1,000.00
Mailing Address P. O. BOX 572	/ /	
City, State, Zip Code HATTIESBURG, MS 39403	/ /	
Name of Employer (Required)	/ /	
Occupation (Required) PAVING	Aggregate year-to-date	1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC		
Full Name MALLETTE BROTHERS ENTERPRISE LLC	3 / 12 / 2010	1,000.00
Mailing Address 3708 HWY. 90	/ /	
City, State, Zip Code GAUTIER, MS 39553	/ /	
Name of Employer (Required)	/ /	
Occupation (Required) CONTRACTORS	Aggregate year-to-date	1,000.00

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Name of Candidate or Committee WAYNE H. BROWN
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date Mo., Date, Year	Amount of each receipt this period
Full Name <u>NECAISE CONSTRUCTION CO., INC.</u>	3 / 22 / 2010	1,000.00
Mailing Address <u>P. O. BOX 572</u>	/ /	
City, State, Zip Code <u>HATTIESBURG, MS 39403</u>	/ /	
Name of Employer (Required)	/ /	
Occupation (Required) <u>CONTRACTOR</u>	Aggregate year-to-date	1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full Name <u>BENLAW VENTURES</u>	3 / 22 / 2010	\$ 1,000.00
Mailing Address <u>P. O. BOX 572</u>	/ /	
City, State, Zip Code <u>HATTIESBURG, MS 39403</u>	/ /	
Name of Employer (Required)	/ /	
Occupation (Required) <u>INVESTMENTS</u>	Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full Name <u>A T & T</u>	8 / 31 / 2010	207.22
Mailing Address <u>P O BOX 10522</u>	/ /	
City, State, Zip Code <u>ATLANTA, GA 30348</u>	/ /	
Name of Employer (Required)	/ /	
Occupation (Required) <u>TELEPHONE COMPANY</u>	Aggregate year-to-date	207.22
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full Name	/ /	
Mailing Address	/ /	
City, State, Zip Code	/ /	
Name of Employer (Required)	/ /	
Occupation (Required)	Aggregate year-to-date	

Name of Candidate or Committee WAYNE H. BROWN
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full Name	A T & T	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	1 / 25 / 2010	32.39
		1 / 25 / 2010	54.62
City, State, Zip Code	ATLANTA, GA 30348	2 / 22 / 2010	55.54
		2 / 23 / 2010	32.39
Purpose of Disbursement (Optional)	TELEPHONE EXPENSE	Aggregate	
		Year-to-date	
B. Full Name	A T & T	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	3 / 26 / 2010	32.39
		3 / 26 / 2010	55.32
City, State, Zip Code	ATLANTA, GA 30348	4 / 21 / 2010	32.73
		4 / 21 / 2010	55.24
Purpose of Disbursement (Optional)	TELEPHONE EXPENSE	Aggregate	
		Year-to-date	
C. Full Name	A T & T	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	5 / 24 / 2010	52.72
		5 / 24 / 2010	38.22
City, State, Zip Code	ATLANTA, GA 30348	6 / 24 / 2010	54.01
		6 / 24 / 2010	32.73
Purpose of Disbursement (Optional)	TELEPHONE EXPENSE	Aggregate	
		Year-to-date	
D. Full Name	A T & T	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	7 / 28 / 2010	53.69
		7 / 28 / 2010	32.25
City, State, Zip Code	ATLANTA, GA 30348	8 / 25 / 2010	32.00
		9 / 21 / 2010	32.93
Purpose of Disbursement (Optional)	TELEPHONE EXPENSE	Aggregate	
		Year-to-date	
E. Full Name	A T & T	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	9 / 21 / 2010	53.57
		10 / 26 / 2010	53.86
City, State, Zip Code	ATLANTA, GA 30348	10 / 26 / 2010	31.81
		/ /	
Purpose of Disbursement (Optional)	TELEPHONE EXPENSE	Aggregate	
		Year-to-date	818.41
F. Full Name	BILOXI BUSINESS MEN'S CLUB	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address		7 / 7 / 2010	250.00
		/ /	
City, State, Zip Code		/ /	
		/ /	
Purpose of Disbursement (Optional)	MEMBERSHIP DUES	Aggregate	
		Year-to-date	250.00

Name of Candidate or Committee WAYNE H. BROWN
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full Name	CELLULAR SOUTH	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 519	1 / 8 / 2010	67.74
		2 / 8 / 2010	63.25
City, State, Zip Code	MEADEVILLE, MS 39653-0519	3 / 8 / 2010	65.99
		4 / 7 / 2010	63.84
Purpose of Disbursement (Optional)	CELL PHONE EXPENSE	Aggregate	
		Year-to-date	
B. Full Name	CELLULAR SOUTH	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 519	5 / 11 / 2010	63.41
		6 / 8 / 2010	66.00
City, State, Zip Code	MEADEVILLE, MS 39653-0519	7 / 9 / 2010	64.69
		8 / 9 / 2010	65.87
Purpose of Disbursement (Optional)	CELL PHONE EXPENSE	Aggregate	
		Year-to-date	
C. Full Name	CELLULAR SOUTH	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 519	9 / 7 / 2010	63.20
		10 / 15 / 2010	65.88
City, State, Zip Code	MEADEVILLE, MS 39653-0519	11 / 16 / 2010	64.00
		/ /	
Purpose of Disbursement (Optional)	CELL PHONE EXPENSE	Aggregate	
		Year-to-date	713.87
D. Full Name	HORNE CPA GROUP	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address		7 / 15 / 2010	750.00
		/ /	
City, State, Zip Code		/ /	
		/ /	
Purpose of Disbursement (Optional)	ACCOUNTING SERVICE	Aggregate	
		Year-to-date	750.00
E. Full Name	LUCEDALE ROTARY CLUB	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 181	3 / 8 / 2010	112.00
		5 / 17 / 2010	114.00
City, State, Zip Code	LUCEDALE, MS 39452	7 / 21 / 2010	94.00
		/ /	
Purpose of Disbursement (Optional)	DUES	Aggregate	
		Year-to-date	320.00
F. Full Name	MARILYN BOUNDS	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	136 EVELYN BROWN LANE	1 / 15 / 2010	150.00
		2 / 16 / 2010	126.65
City, State, Zip Code	LUCEDALE, MS 39452	2 / 25 / 2010	27.79
		3 / 30 / 2010	115.25
Purpose of Disbursement (Optional)	ACCOUNTING, EXPENSES	Aggregate	
		Year-to-date	

Name of Candidate or Committee WAYNE H. BROWNPage 3 of 4Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full Name	MARILYN BOUNDS	Date	Amount of each
Mailing Address	136 EVELYN BROWN LANE	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	LUCEDALE, MS 39452	4 / 7 / 2010	350.00
		7 / 15 / 2010	150.00
		10 / 4 / 2010	125.00
		10 / 4 / 2010	13.10
Purpose of Disbursement (Optional)	ACCOUNTING, EXPENSES	Aggregate	
		Year-to-date	1,057.79
B. Full Name	QUALITY HOME HEALTH	Date	Amount of each
Mailing Address	999 HOWARD AVENUE 2	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	BILOXI, MS 39530-3755	1 / 25 / 2010	350.00
		3 / 28 / 2010	350.00
		5 / 3 / 2010	350.00
		6 / 2 / 2010	350.00
Purpose of Disbursement (Optional)	OFFICE RENT	Aggregate	
		Year-to-date	
C. Full Name	QUALITY HOME HEALTH	Date	Amount of each
Mailing Address	999 HOWARD AVENUE 2	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	BILOXI, MS 39530-3755	6 / 30 / 2010	350.00
		9 / 29 / 2010	350.00
		11 / 4 / 2010	350.00
		/ /	
Purpose of Disbursement (Optional)	OFFICE RENT	Aggregate	
		Year-to-date	2,450.00
D. Full Name	VERIZON	Date	Amount of each
Mailing Address	P. O. BOX 105378	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	ATLANTA, GA 30348	1 / 8 / 2010	45.92
		2 / 8 / 2010	46.08
		3 / 29 / 2010	98.55
		4 / 29 / 2010	48.17
Purpose of Disbursement (Optional)	CELL PHONE	Aggregate	
		Year-to-date	
E. Full Name	VERIZON	Date	Amount of each
Mailing Address	P. O. BOX 105378	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	ATLANTA, GA 30348	6 / 8 / 2010	46.17
		6 / 28 / 2010	46.17
		7 / 29 / 2010	46.04
		9 / 14 / 2010	46.01
Purpose of Disbursement (Optional)	CELL PHONE	Aggregate	
		Year-to-date	
F. Full Name	VERIZON	Date	Amount of each
Mailing Address	P. O. BOX 105378	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	ATLANTA, GA 39348	10 / 4 / 2010	63.44
		11 / 4 / 2010	83.65
		/ /	
		/ /	
Purpose of Disbursement (Optional)	CELL PHONE	Aggregate	
		Year-to-date	568.20

SS04-06

Name of Candidate or Committee WAYNE H. BROWNPage 4 of 4Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full Name	WAYNE H. BROWN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 205	3 / 25 / 2010	822.00
City, State, Zip Code	LUCEDALE, MS 39452	6 / 9 / 2010	250.00
Purpose of Disbursement (Optional)	EXPENSE REIMBURSEMENT	6 / 14 / 2010	100.00
		7 / 3 / 2010	310.20
		Aggregate Year-to-date	
B. Full Name	WAYNE H. BROWN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 205	10 / 1 / 2010	383.27
City, State, Zip Code	LUCEDALE, MS 39452	/ /	
Purpose of Disbursement (Optional)	EXPENSE REIMBURSEMENT	/ /	
		Aggregate Year-to-date	1,865.47
C. Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	
City, State, Zip Code		/ /	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	
D. Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	
City, State, Zip Code		/ /	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	
E. Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	
City, State, Zip Code		/ /	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	
F. Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	
City, State, Zip Code		/ /	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	